Saskatchewan
Alcohol and
Drug Abuse
Commission

Mobile Community Treatment

Program Handbook

Prepared by:
Regional Services - North
Saskatchewan Alcohol and
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MOBILE COMMUNITY TREATMENT HANDBOOK

SADAC
REGIONAL SERVICES NORTH

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MOBILE COMMUNITY TREATMENT

PREFACE

Communities in Northern Saskatchewan have a primarily Native population with 40% of the population being under fifteen years of age and 60% of the population under twenty-five years of age. The northern population has gone through and is going through significant cultural change. Twenty-five years ago the lifestyle was mostly one of traditional hunting and fishing activities. Today, satellite television, radio, schools and print media have radically changed the young generation's expectations and ambitions. Most northern communities have been exposed to readily accessible alcohol within the past fifteen to twenty years. When alcohol is added to a rapidly changing social and cultural fabric, communities are vulnerable and many problems occur.

Statistics for 1986 show that the north experiences five times the rate of alcohol arrests and twice the number of alcohol related treatment services as compared to the southern part of the province. A feature unique to the north is that it is a very frontier drinking style involving the entire community. The prevailing community attitude is that irresponsible and abusive drinking is acceptable behavior.

Existing treatment services consist of an addiction worker who visits the community generally twice a month and makes referrals for two or three clients per week. These clients then go out to a residential treatment centre, usually many hundreds of miles from home.

This, of course, causes many problems:

1) there is a mistaken belief that treatment takes place far away in a residential facility rather than the idea that recovery is a process that begins within the individual, within the family and then hopefully within the larger community.

2) a poor connection is made between the gains made in treatment and continued involvement in a personal ongoing recovery process.

3) family members are unable to participate in treatment centres that are far away.

4) the individual that comes back from treatment will hang on to sobriety for a month or so and then when "falling off the wagon" immediately expect to go back to residential treatment. Thus, a mutual support system in the community is never developed.

5) communities can not visualize a treatment process nor can they participate, so they have no sense of what recovery from addiction means.

6) communities have no understanding of what the Community Recovery Process involves. It means creating a social environment dedicated to drug free socializing.

7) the community has an opportunity, through MCT to develop a new vision of healthy, responsible living. Therefore, MCT gives the community an opportunity to change, at least the courage to start.

We believe that MCT is an effective means for providing treatment services to northern and isolated communities. We acknowledge that we have much to learn using this new and innovative approach to treatment and community mobilization. However, we are excited about embarking on this journey with northern communities.

I. RATIONALE:

The purpose of the MCT Project is to bring cost effective day-patient services to small northern communities. The primary advantage of this approach to rehabilitation is that a built-in support group, consisting of local community members, will emerge from the treatment process. The treatment process, therefore, not only revitalizes those individuals directly involved in the treatment program but also allows for community involvement in treatment, after-care, and creates the awareness to pursue further prevention activities in the community. Mobile Community Treatment treats not only addicted clients and their families but attempts to create a new, socially supportive drug-free environment.

II. PROJECT PHILOSOPHY:

Community treatment is based on the formation and development of mutual support networks through the creation of helping relationships, communication with community members and increased feelings of self-worth and confidence to change. Individuals will be encouraged to accept personal responsibility to choose healthy behaviors, with the foundation being a chemical-free lifestyle.

III. PROJECT ASSUMPTIONS:

1. The treatment process will be more effective for clients as it will take place in their home community.
2. The project will have a positive impact on the larger community.
3. The project will offer an opportunity to develop follow-up support and ongoing community resources.
4. The project will be more cost-effective than traditional forms of rehabilitation.

IV. PROJECT OBJECTIVES:

1. To provide a cost-effective recovery process to a large group of chemically dependants and collateral dependants.
2. To encourage active participation of the larger community in the rehabilitation process.
3. To develop a support network for newly rehabilitated participants.
4. To initiate a process of community revitalization.
5. To generate community will and responsibility for ongoing change and development.
6. To persuade the community to have three weeks of chemical-free fun.
7. To encourage a new tradition of dry community dances and social activities.
8. To provide healthy alternative activities for the community youth.
9. To model a community recovery process.
10. To model a community based on healthy lifestyles.

V. ADVANTAGES:

1. After treatment is completed, a support group will emerge consisting of local community members. This support group will provide the nucleus for an A. A./Alanon group or strengthen the existing self-help groups in the community.
2. Village Council will become directly responsible for requesting a treatment program. Village Council will be involved in actual program delivery, follow-up and also support the project in tangible ways ie. facility, village recreation and health workers.

3. Spouse/Family involvement in treatment will be possible.
4. Youth activities will be held in conjunction with the program.
5. Everyone in the village will be able to see the treatment process first hand and the sober people emerging from the program.
6. The project will raise community awareness to such a level that further community education and prevention activities will be more readily accepted by the community.

VI. PROJECT STRATEGIES:

1. The Saskatchewan Alcohol and Drug Abuse Commission (SADAC) Regional Coordinator will approach the community council or an informal group of community leaders with a MCT project proposal.
2. A community committee will be formed consisting of community leaders, council members, clergy, the SADAC Coordinator and interested people. In communities where SADAC funds an out-patient centre, the centre would take a major role on the community committee.
3. The community committee will inform and educate the community about the concept of community treatment and recovery.
4. The SADAC Regional Coordinator will screen and assess potential community participants in the treatment process.
5. The community committee will be responsible for organizing meals, babysitting, facility, recreation and related community events.
6. SADAC will be responsible for developing and delivering the treatment package and providing resource people and small group leaders.
7. The community committee, the SADAC Coordinator and participants will be responsible for developing an ongoing support network.

VII. CRITERIA FOR DETERMINING COMMUNITY COMMITMENT:

Checklist ( )

A. READINESS:

1. Core Group of 10-15 key people interested _____
2. School interest in professional development _____
3. Written request from town council _____
4. Health clinic staff ready to participate _____
5. Recreation staff ready to participate _____
6. Town council has received basic addiction training _____
7. Local church(s) staff ready to participate _____
8. Key people, council and professionals have received community mobilization training _____
9. Check community calendar to ensure that no other major events (eg. Winter Festival, elections, or Treaty Days) conflict with the MCT project _____
10. Major functions and cliques in community ready to work together _____

B. RESOURCES:

1. A large building to hold at least 20-30 people for meetings and with small rooms for group sessions _____
2. A large facility for community meetings, dances and other recreational activities _____
3. Housing for resource people _____
4. A local radio or T. V. station _____
5. An outdoor recreation area _____
6. A local addictions worker (if available) _____
7. Day care for small children _____
8. A health clinic capable of handling potential detoxification and suicide emergencies _____

9. One or two people in the community with A.A. and/or Alanon experience _____

10. A list of after-hours resource people for clients to contact _____

VIII. PREPARING THE COMMUNITY:

(1) Dialogue with community mayor and council to underline the town's role and obligation and SADAC's role and obligation.

(2) Begin informal dialogue with other informal community leaders (ie. clergy, elders, youth leaders, R.C.M.P., health staff) as a means of generating interest in and awareness of the process.

(3) Block book fifteen clients into a residential rehabilitation program emphasizing lifeskills as essential recovery tool (if possible).

(4) Write and broadcast announcements briefly describing MCT and inviting people to contact SADAC staff for more information or to book a space in the treatment program.

(5) Print brief messages on single 8½ x 11 stock and put in all mail boxes as information flyers.

(6) Make posters encouraging community sobriety while announcing the dates and activities for the three weeks of MCT.

(7) Select individuals from the block booking group and from other interested individuals/leaders to form a Community Activities Team, including the town Community Health Worker and Recreation Worker.

(8) The Community Activities Team brainstorms a list of activities that took place in the community before alcohol was a major problem.

(9) From the "before" list, the Community Activities Team decides what is possible to do as a regular part of the community life from now on.

(10) The Community Activities Team decides on activities that will take place during the treatment process and designates individual team members to be responsibile for two or three activities.

(11) Select and assess a maximum of thirty individuals to participate in the Mobile Treatment process.

(12) Arrange for detox and medicals (if necessary) for the thirty selected participants.

(13) Pre-book treatment beds for individuals from the community who will likely come forward requesting treatment after the deadline for MCT has elapsed.

(14) Arrange for accomodation and meals for the Treatment Team and other resource people.

(15) Negotiate with the school to have the staff and board participate in a one-day Professional Awareness seminar.

(16) Work with the school counsellor to begin a Cope Group for kids in the school who may be living in dysfunctional families.

(17) Arrange to have any audio-visual resource material delivered to the community by the specified dates, ie. family film night.

(18) Hold a two-day seminar for the town council and other community leaders covering basic addiction information and the community mobilization process.

(19) Arrange for a large meeting room for the treatment group meetings and for other community meetings and sharing sessions.

(20) Arrange for a big kick-off meeting on the night before the treatment process begins to introduce the treatment team and to underline all the activities that will be happening during the next three weeks.

(21) Make and put posters within the community that advertise the activities that will be taking place every day for the next three weeks.

(22) Double check with all the people designated to be responsible for two or three community activities to ensure everything is ready.

(23) Write to the department heads of all related government agencies explaining your efforts and the type of service demands that may be placed on their agencies. Set meetings with the other government agencies to explain MCT.

(24) Remain in the community and be available for consultation with the Community Activities Team if needed.

(25) Arrange for a large community wrap-up meeting where after-care needs are identified.

(26) Arrange for a community celebration honouring the clients who completed treatment.

IX. DAY PATIENT TREATMENT PROGRAM

MOBILE COMMUNITY TREATMENT PHILOSOPHY:

Treatment will provide a safe and therapeutic environment in which clients and their families will gain the knowledge, skills and attitudes necessary to achieve a healthy, balanced lifestyle.

TREATMENT GOALS:

Treatment goals reflect the following concerns:

- abstinence
- improved awareness and understanding of chemical dependency
- improved self-awareness and understanding of the individuals behavior
- improved interpersonal, social, communication and assertiveness skills
- improved understanding of family relationships

All leading to the development of a fulfilled and positive lifestyle in the community without mood-modifying chemicals.

ADMISSION CRITERIA:

Status

Ages - 16 and up

15 Addicted - 15 Non-addicted

Distribution

Female 15 and Male 15 (if possible)

Sobriety

1 week (flexible - depending on condition of client)

Family members assigned to different small groups

TREATMENT FORMAT

Lectures are provided to the entire client group. Each counsellor will then work with 7-8 clients in a small group setting. In this setting, clients have an opportunity to discuss the lecture, personalize and internalize the information presented and to practice new sobriety-based living skills.

- Three or four separate small rooms must be available so that one group does not interfere with another. There will be no new admissions after Day I so that group trust can build.

- Counsellors will hold a debriefing session every evening to insure all clients and counsellors are "on track".

TREATMENT SCHEDULE

RECOGNIZING THAT EACH COMMUNITY WILL HAVE DIFFERENT NEEDS, THE FOLLOWING SCHEDULE IS OFFERED AS AN EXAMPLE OF HOW TO SET UP A THREE-WEEK PROGRAM. LECTURE SESSIONS CAN EASILY BE ALTERED OR NEW ONES SUBSTITUTED.

RULES AND REGULATIONS FOR PARTICIPANTS

- SHOW RESPECT FOR OTHER GROUP MEMBERS FEELINGS AND FEARS.
- CLIENTS WILL BE ON TIME FOR ALL SESSIONS.
- CLIENTS WILL PARTICIPATE FULLY IN ALL ACTIVITIES UNLESS MEDICALLY UNABLE TO DO SO.
- NO INTERRUPTIONS BY OUTSIDERS - IE. VISITS, PHONE CALLS, UNLESS AN EMERGENCY.
- CLIENTS WILL COMMIT THEMSELVES TO A THREE-WEEK PERIOD OF TREATMENT, INCLUDING ABSTINENCE.
- NO DRINKING, DRUGGING OR BOOTLEGGING.
- ABOVE ISSUES WILL BE DEALT WITH BY GROUP.
- USE OF FOUL LANGUAGE DISCOURAGED.
- CONFIDENTIALITY MUST BE KEPT AT ALL TIMES (WHAT IS SEEN OR SAID HERE, STAYS HERE).
- NO SMOKING ALLOWED DURING LECTURES OR GROUPS.

TREATMENT SCHEDULE

WEEK ONE - DAY ONE

8:30 - 9:00	Large Group - Prayer & Handshakes
9:00 - 10:00	Presentation - All Counsellors
	Treatment - Guidelines/Orientation
10:00 - 10:30	Break
10:30 - 12:00	Small Group
12:00 - 1:00	Lunch
1:00 - 3:00	Native Culture
3:00 - 3:30	Break
3:30 - 5:00	Awareness Wheel

WEEK ONE - DAY TWO

8:30 - 9:00	Large Group - Culture, Prayers, Handshakes
9:00 - 10:30	Profile of the Alcoholic
10:30 - 11:00	Break
11:00 - 12:00	Small Group
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Upside of Recovery - Profile of Alcoholic
3:30 - 4:00	Break
4:00 - 5:00	Small Group

WEEK ONE - DAY THREE

8:30	- 9:00	Large Group
9:00	- 10:00	Profile of the Spouse
10:00	- 10:30	Break
10:30	- 12:00	Small Group
12:00	- 1:00	Lunch
1:00	- 2:00	Individual Counselling
2:00	- 3:30	Life Skills - Communication Skills
3:30	- 4:00	Break
4:00	- 5:00	Life Skills - Communication Skills

WEEK ONE - DAY FOUR

8:30	- 9:00	Prayers, Handshakes
9:00	- 10:30	Profile of Young Abuser
10:30	- 11:00	Break
11:00	- 12:00	Small Groups
12:00	- 1:00	Lunch
1:00	- 2:00	Individual Counselling
2:00	- 3:30	Solvents
3:30	- 4:00	Break
4:00	- 5:00	Small Groups

WEEK ONE - DAY FIVE

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Profile of the Family
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Life Skills - Feelings
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK TWO - DAY SIX

8:30 - 9:00	Prayers, Handshakes
9:00 - 11:00	Native Culture
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Life Skills - Decision/Problem Solving
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK TWO - DAY SEVEN

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Profile of Alcoholics Anonymous
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Profile of Alanon/Alateen
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK TWO - DAY EIGHT

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Stress Management
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 3:00	Medical Aspects of Chemical Abuse
3:00 - 3:30	Break
3:30 - 5:00	Small Groups

WEEK TWO - DAY NINE

8:30	- 9:00	Prayers, Handshakes
9:00	- 10:30	Human Sexuality & Communication
10:30	- 11:00	Break
11:00	- 12:00	Small Groups
12:00	- 1:00	Lunch
1:00	- 2:00	Individual Counselling
2:00	- 3:30	Human Sexuality & Communication
3:30	- 4:00	Break
4:00	- 5:00	Small Groups

WEEK TWO - DAY TEN

8:30	- 9:00	Prayers, Handshakes
9:00	- 10:30	Suicide Awareness
10:30	- 11:00	Break
11:00	- 12:00	Small Groups
12:00	- 1:00	Lunch
1:00	- 2:00	Individual Counselling
2:00	- 3:30	Life Skills - Goal Setting
3:30	- 4:00	Break
4:00	- 5:00	Small Groups

WEEK THREE - DAY ELEVEN

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Family Violence
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Life Skills - Assertiveness Training
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK THREE - DAY TWELVE

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Other Addictions
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Grieving & Addictions
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK THREE - DAY THIRTEEN

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Relapse Prevention
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Relapse Prevention
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK THREE - DAY FOURTEEN

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Recovery Planning
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 2:00	Individual Counselling
2:00 - 3:30	Life Skills - "Parenting"
3:30 - 4:00	Break
4:00 - 5:00	Small Groups

WEEK THREE - DAY FIFTEEN

8:30 - 9:00	Prayers, Handshakes
9:00 - 10:30	Profile of the Adult Child of the Alcoholic
10:30 - 11:00	Break
11:00 - 12:00	Small Groups
12:00 - 1:00	Lunch
1:00 - 5:00	Community Mobilization - Needs Identification For Aftercare Issues
7:00 p.m.	Marble Ceremony Drama Skit - by Youth Group/Cope Group Fireworks Family Dance

COMPREHENSIVE TREATMENT/COMMUNITY ACTIVITIES SCHEDULE

WEEK I

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:30-9:00		Prayers & Handshakes →					
9:00-10:30		Presentations & Workshops →					
		BREAK					
11:00-12:00		Small Groups →					
	NOON	NOON	NOON	NOON	NOON	NOON	NOON
1:00-2:00		Individual Counselling →					Family Bike Relay
2:00-3:30		Presentation & Workshops →	4:00 Cope Group for kids at school		4:00 Glee Club		
4:00-5:00		Small Groups →					
	7:00 Community Social for Introductions & Program Description	7:00 Drama Group	7:00 Gospel Sharing	7:00 Family Movie	Community Circle	Teen Dance and Air Band Competition	6:00 Mom & Kids Floor Hockey

COMPREHENSIVE TREATMENT/COMMUNITY ACTIVITIES SCHEDULE

WEEK II

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:30-9:00		Prayer & Handshakes →	→	→	→	→	Family Renewal Workshop
9:00-10:30	Church	Presentations & Workshops →	→	→	→	→	
		BREAK					
11:00-12:00		Small Groups →	→	→	→	→	
	NOON	NOON	NOON	NOON	NOON	NOON	NOON
1:00-2:00	2:00-4:00 p.m. A.A. Workshop	Individual Counselling →	→	→	→	→	
2:00-3:30		Presentations & Workshops →	→	→	→	→	
4:00-5:00		Small Groups →	4:00 p.m. Cope Group for kids at school		4:00 p.m. Glee Club →	→	
		7:00 p.m. Drama Group	Dart & Pool Tournament Gospel Sharing	7:00 p.m. Movie Night	6:00-12:00 Crib Tourney & Cards	7:00-11:00p.m. Family Renewal Workshop	8:00-12:00 p.m. Family Dry Dance

COMPREHENSIVE TREATMENT/COMMUNITY ACTIVITIES SCHEDULE

WEEK III

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:30-9:00		Volleyball Tournament Prayer & Handshakes →					Ball Games
9:00-10:30	Turkey Shoot	Presentation & Workshops →					
11:00-12:00	Picnic 11:30 Shoe Scramble	Small Groups →					
	NOON	NOON	NOON	NOON	NOON	NOON	NOON
1:00-2:00	12:30 Food 1:00 Horseshoe Tournament	Individual Counselling →					
2:00-3:30		Presentations & Workshops →					
4:00-5:00		Small Groups →			4:00 Glee Club		
	Rubber Ball		7:00 Gospel Sharing	7:00 Family Movie Night	Community Circle	Closing Ceremonies Family Dry Dance/Skit Fireworks	

COMPREHENSIVE TREATMENT/COMMUNITY ACTIVITIES SCHEDULE

WEEK IV

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:30-9:00							
9:00-10:30							
11:00-12:00							
	NOON	NOON	NOON	NOON	NOON	NOON	NOON
1:00-2:00	2:00-4:00 Alanon Workshop	C O M M U N I T Y		H U N T	S C A V E N G E R		
2:00-3:30							
4:00-5:00			4:00 Cope Group for kids at school		4:00 Glee Club		
			7:00 Gospel Sharing	7:00 Family Movie Night	Community Circle	Teen dance Jigging & Face Painting	

X. AFTERCARE AND FOLLOW-UP STEPS:

THE FOLLOWING LIST IS INTENDED AS AN EXAMPLE OF THE TYPE OF AFTERCARE SESSIONS AND FOLLOW-UP SEMINARS THAT MIGHT BE ARRANGED TO KEEP THE PROCESS OF COMMUNITY CHANGE MOVING ALONG. NATURALLY, THE NEEDS OF EACH COMMUNITY WILL BE DIFFERENT.

Checklist ( )

1) Meet with school board and staff to discuss and plan for a peer support program in the school. _____

2) Meet with the school staff and board to discuss policy and school programming in the curriculum area ie Lion's Quest Program. _____

3) Train other community agencies such as Native women, Metis Association and the Recreation board in Basic Addictions and Community Mobilization. _____

4) Meet with the Northlands Career College Learning Centre staff to plan special classes in parenting, Human Sexuality, Assertiveness Training, Life Skills, and Parent Awareness Training. _____

5) Formalize and regularly schedule Cope/Survival Group Meetings in the school. Train committed staff in group process if necessary. _____

6) Schedule a Couples Renewal weekend for interested couples. _____

7) Schedule a Youth Self-Discovery Weekend seminar. _____

8) Work with the Recreation Board to provide out-of-school youth with addiction education and counselling opportunities. _____

9) Meet with various government agencies such as Mental Health and Social Services to ensure that they are aware of ongoing

community needs that relate to their mandates. _____

10) Help the community to assess ongoing needs and coordinate resources and training opportunities for Grieving & Loss Workshops, Family Planning Workshops, Family Violence Workshops and Sexual Abuse Workshops. _____

11) Work closely with A.A. and Alanon and other self-help groups to assist them to strengthen their groups to meet their full potential. _____

12) Approach the Nursing Staff to encourage them to get special addiction training such as the SADAC Mini-Course, if they have not already done so. _____

13) Encourage the development of an inter-agency group in the community to begin to develop an overall community vision for change and wellness. _____

14) Provide basic addiction training and community mobilization training to the inter-agency group. _____

15) Hold a follow-up relapse prevention session (one week in length) no later than three months from the end of the treatment phase of the project. Anyone who has been sober in the community for at least one month will be welcome to attend. _____

16) Hold an adult peer support training program to train interested adults to be better communicators and referral agents in their own communities. _____

XI. EVALUATION:

The evaluation process is necessary and valuable so that the coordinators can learn from their mistakes and continue to improve the program. Hence, a four-prong approach is used:

1) During the treatment phase of the project at least three weekly sharing sessions will be held during which community members can express their beefs and bouquets. These sessions also provide the Village Council with possible future directions for the community.

2) Immediately following the treatment process, clients are given the opportunity to complete an evaluation form (see client evaluation form pp. 27-28).

3) A general community forum is held on the last day of treatment to assess the overall program and to determine further follow-up and aftercare needs.

4) Four to six months after the treatment phase of the project:

   1) a random sample of community members are interviewed to determine if there has been a real change, or at least a perception of change in the community.

   2) Follow-up evaluation forms are completed on each client who had completed the treatment program (see client evaluation form).

MOBILE COMMUNITY TREATMENT

CLIENT EVALUATION

1. Were you aware that this was a new way of providing treatment for alcohol problems?

2. What was the most important thing or things you learned in treatment?

   1.

   2.

   3.

   4.

3. What else do you need to know to stay sober when you get home?

4. What do you have to do to stay sober when you are back at home?

   1.

   2.

   3.

5. If you felt that you were going to go drinking or drugging:

   a) Would you go talk to someone?

   b) Who would you talk to?

   c) What else could you do to avoid that first drink or toke or pill?

6. What were the advantages of coming from the same community (and disadvantages)?

   a) Advantages:

   b) Disadvantages:

7. Would you be willing to meet with this group or some type of support group every week in your community?

8. What does this community need to do:

   a) to support you on your road to sobriety?

   b) to promote a healthier drug-free environment?

S A D A C

MOBILE COMMUNITY TREATMENT

4TH MONTH COMMUNITY CHANGE EVALUATION

I. Do you feel that Mobile Community Treatment has made a difference in the community of Pinehouse Lake?

1) Definitely _____ 2) Probably _____ 3) Uncertain _____
4) Probably Not _____ 5) Definitely Not _____

II. Can you list some changes that you have seen in Pinehouse Lake since Mobile Community Treatment?

1)

2)

3)

4)

5)

III. Can you list some problems that have stayed the same since Mobile Community Treatment?

1)

2)

3)

4)

5)

IV. Do you believe that more kids are going to school every day than before Mobile Community Treatment?

1) Yes _____ 2) No _____ 3) Don't Know _____

V. Is the A. A. group still meeting in town?

1) Yes _____ 2) No _____ 3) Don't Know _____

VI. Is the ALanon group still meeting in town?

1) Yes _____ 2) No _____ 3) Don't know _____

VII. Do you feel that people are caring more about their neighbours and each other?

Yes _____ No _____ Don't Know _____

VIII. Is the amount of home brew being made and used greater or less than before Mobile Community Treatment?

1) Greater _____ 2) Less _____ 3) The Same _____ 4) Don't Know _____

IX. Do you feel that people are healthier now than before Mobile Community Treatment?

1) Healthier _____ 2) Less Healthy _____ 3) The Same _____

X. Is the drama club for youth still meeting regularly?

1) Yes _____ 2) No _____ 3) Don't Know _____

XI. Is the Cope Group for children still meeting at the school?

1) Yes _____ 2) No _____ 3) Don't Know _____

XII. Is there a group of people meeting regularly to talk about community concerns?

1) Yes _____ 2) No _____ 3) Don't Know _____

XIII. Is Pinehouse Lake a better place to live since Mobile Community Treatment?

1) Definitely _____ 2) Probably _____ 3) The same _____
4) Probably Not _____ 5) Definitely Not _____

XIV. Are there activities every week for adults, like card tournaments, and bingo?

1) Yes _____ 2) No _____ 3) Don't Know

XV. Are there activities every week for youth, like dances and sports?

1) Yes _____ 2) No _____ 3) Don't Know _____

INFORMATION SHEET

MOBILE COMMUNITY TREATMENT

AN INNOVATIVE APPROACH TO TREATMENT

PURPOSE - The purpose of the Mobile Community Treatment program is to bring treatment services to small northern communities. The advantage of community treatment is that a built-in support group, consisting of local community members, will emerge from the treatment process. The treatment process, therefore, not only revitalizes those individuals involved in the program but allows for community involvement in treatment, after-care and creates the awareness to pursue further prevention activities in the community.

PROGRAM DESCRIPTION - A maximum of thirty people will be selected to participate in the three week day-patient program. Chemical-free community events, pot-luck suppers, games, teen activities and dances will be held in conjunction with the treatment program.

PROGRAM CONTENT
- Basic Alcohol and Drug Information
- Development of the addictions process in the individual and family
- Relapse Prevention
- Life Skills
- Inter-personal and parenting skills
- Native Culture and Spirituality

RESOURCE PEOPLE - The resource people at the northern mobile treatment program are knowledgeable in addictions, health, social services and traditional native teachings with considerable practical experience in Northern Saskatchewan. These resource people will be provided by SADAC and its Funded Agencies.

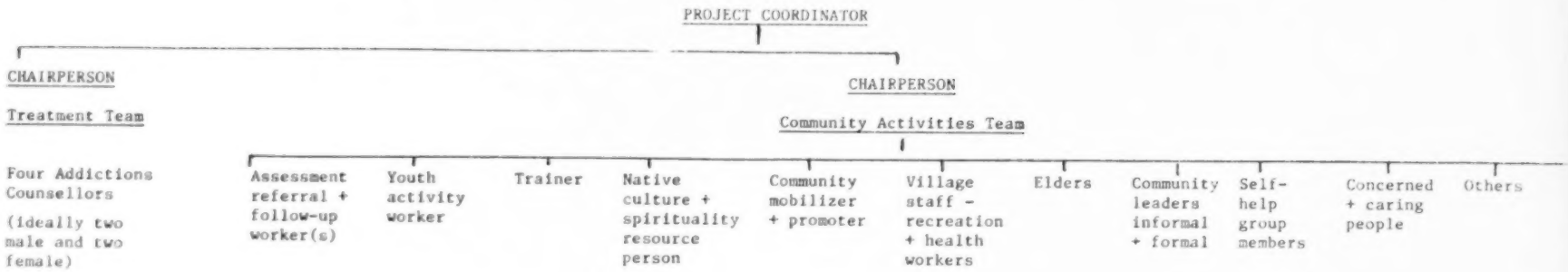
COMMUNITY RESPONSIBILITY

1. The Mayor and council must request in writing that SADAC deliver a Mobile Community Treatment program in their community.
2. Agreement involves making a commitment to SADAC for a three week program and scheduled follow-up activities.
3. The Northern SADAC Director will meet with the Mayor and council to plan the program.
4. All social and recreation activities held in conjunction with the community treatment program must be chemical-free.
5. The Mayor and Council must take responsibility for ensuring that all adequate preparation is complete before the arrival of the Mobile Treatment team.
6. Local community health personnel and recreation workers must participate as helpers in the program.
7. The Mayor and council must vigorously promote to the community the idea and the need for the program as well as details of the program.
8. The Mayor and Council must participate in the social and recreation activities or in the program itself.

SADAC is presently examining the possibility of establishing a MCT Project in Northern Saskatchewan. FOR MORE INFORMATION, PLEASE CONTACT YOUR LOCAL SADAC OFFICE OR:

REGIONAL DIRECTOR (NORTH)
SADAC, P.O. BOX 5000, LA RONGE, SASK. SOJ 1LO
PHONE NUMBER: 425-4362

MOBILE COMMUNITY TREATMENT PROJECT - ORGANIZATIONAL CHART



* The above diagram is only a suggested organizational structure, it may need adaptation to meet the needs and resources of your community.

ACKNOWLEDGEMENTS

Through the pioneering efforts of Saskatchewan Alcohol and Drug Abuse Commission and Saskatchewan Native Addictions Council Corporation, the first Mobile Community Treatment project in Saskatchewan was held in Pinehouse in the fall of 1988. We learned much about treatment, community mobilization and healing. We would like to acknowledge the community of Pinehouse, leaders, citizens and especially the clients who came forward with the courage to change and to risk trying out this new approach to treatment.

Also, a very special thanks to all the addictions workers who gave so much of their time, energy and spirit to make this new vision of treatment and community recovery a reality.

Project Coordinators

Ken Sinclair - SNACC
John Kreiser - SADAC

Treatment Team

Lyle Daniels - SNACC
Randy Ledoux - SNACC
Jack Bear - SADAC
Linda Johnson - SADAC

Community Activities Team

Bruce Chamberlin - SADAC
Irwin Hennie - SADAC
Jim Daigneault - SADAC
Don Favel - SNACC

All the Concerned and Caring People of Pinehouse